

City of Concord General Services (603) 225-8693

## E-Z PAY PLAN



(Recurring electronic funds transfer program)

## www.concordnh.gov UTILITY PAYMENT ENROLLMENT/CHANGE FORM

Please check one:	
New Participant	or Current Participant Change Request
UTILITY ACCOUNT INFOR	MATION (one form for each service address is required)
Account #	Irrigation Account # (if applicable)
Name:	Owner/Tenant (circle one)
Service Address:	City:
Day Phone:	Cell Phone:
Email:	
Type of account you wish to be debite	d: Checking Savings*
Bank Routing (ABA) #(first 9 digital)	ts on bottom left of check)
Name of Bank  Bank Phone #  AUTHORIZATION: I AUTHORISE checking or statement savings account as it (4) business days prior to the Due Date; further disputed bill unless I have contacted the U monthly statement prior to the first debit, a participation in the E-Z PAY plan, I will n	THE City of Concord to withdraw the amount of my monthly utility bill directly from my ndicated above (known as the E-Z PAY plan). I understand the debit may be made up to four rther, the City of Concord is not liable for any damages that may result from a draft made on a tility office at least six (6) business days prior to that due date. A notice will be printed on the which serves as notice that my enrollment is complete. If, at any time I decide to terminate my orify the Utility office IN WRITING at: City of Concord General Services, 311 N. State St.,
proper notification of same. I acknowledge	
Account Holder(s) Signature for Authoriza	tionDate

\*if you have selected savings, be sure to check with your bank for correct ABA #